Statistical Bulletin

METROPOLITAN LIFE INSURANCE COMPANY

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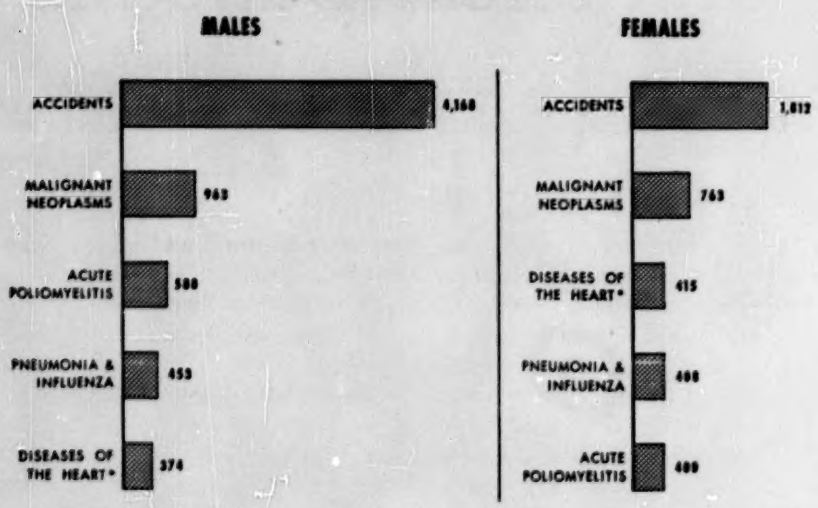
Accident Toll at the School Ages

ABOUT 6,000 deaths occur annually in the United States from accidents among children at ages 5-14 years. The toll is particularly high among boys; more than two fifths of their total mortality at these ages results from injuries. As the chart on page 2 shows, in 1952 the loss of life from accidents among these boys was more than four times that from cancer and other malignant neoplasms, fully seven times that from acute poliomyelitis, and nine times the loss from pneumonia and influenza combined. Indeed, among the older elementary school boys — those at ages 10-14 — accidents took a greater number of lives than all other causes together. Although accidents are not as dominant in the mortality among girls, they nevertheless account for well over a fourth of all the deaths and far outrank every other cause of death in the age range 5-14.

The death rate from accidents among school-age children has decreased in recent years, but not nearly as rapidly as the mortality from disease. Among boys at ages 5-14, fatal accidents were reduced from 40.6 to 30.6 per 100,000, or one fourth, between 1940 and 1952; among the girls, the corresponding decrease was from 16.7 to 13.8 per 100,000, or about one sixth. At the same time, the death rate from disease in each sex was cut by at least half.

The leading causes of accidental death among children of elementary school age are shown in the table on page 3; the figures relate to the experience among Industrial policyholders of the Metropolitan Life Insurance Company during 1950-1954. Motor vehicle mishaps, accounting for two fifths of the total accident mortality among these insured children, exceeded by a considerable margin the death toll from any other type of accident. Among school-age girls there were virtually as many lives lost in motor vehicle accidents as in all other types of accidents combined. About three fifths of the children killed by motor vehicles were pedestrians, but the proportion varied with age. Among children 5-9 years of age, not far from three fourths of the victims were pedestrians, whereas at ages 10-14 the proportion was only a little over one third. On the other hand, the proportion killed while they were passengers in automobiles more than doubled from the younger to the older group. In addition, a consider-

Number of Deaths From Leading Causes at Ages 5-14
By Sex, United States, 1952



*Including rheumatic fever

Source: National Office of Vital Statistics, *Vital Statistics—Special Reports*, volume 40, number 4.

able number of boys at ages 10-14 lost their lives riding bicycles which collided with motor vehicles.

Drownings, including those resulting from small boat accidents, ranked second as a cause of accidental death among school-age children in this insurance experience. Drownings were especially frequent among boys, accounting for 30 percent of all fatal accidents among them, or twice the proportion among girls. In fact, among boys at ages 10-14 there were as many deaths from drowning as from motor vehicle accidents. The greater incidence of drowning among boys reflects the fact that they go swimming, boating, and fishing more often than girls do, and also that they are more venturesome.

Burns by various means, including conflagration, were responsible for nearly one tenth of the total accident mortality among the policyholders at ages 5-14. The majority of youngsters sustaining such fatal injuries were trapped in burning buildings. Only burns, of the various types of accidents, recorded both a higher proportion of deaths and a higher death rate among girls than among boys. The annual death rates from burns (except conflagrations) for the two sexes averaged .8 and .6 per 100,000, respectively, in this experience during 1950-1954; for conflagration the death rate—1.0 per 100,000—was the same for both sexes. It appears that girls have the higher mortality from burns mainly because they spend more time than

boys around the kitchen and laundry in the home and because their clothes are more likely to catch fire.

Firearms are also an appreciable threat to the lives of school-age children. In fact, among boys in this experience the loss of life from firearm accidents was greater than from burns of all types.

Accident prevention constitutes the broadest single area for life conservation among children of elementary school age. In recognition of this fact, an increasing number of medical and public health organizations are participating in the child safety movement. The school has a major role to play in the safety education of these youngsters, particularly with respect to traffic safety. Children also should be taught to swim well and to exercise caution when they are in and about water. The American Red Cross, the Boy Scouts, and other organizations have done excellent work in this field. Inasmuch as one out of every six accidental deaths among the children in this study occurred in and about the home, it is clear that parents can do much to make the lives of their children safer.

MORTALITY FROM ACCIDENTS AMONG SCHOOL-AGE CHILDREN BY SEX AND AGE. INDUSTRIAL POLICYHOLDERS METROPOLITAN LIFE INSURANCE COMPANY, 1950-1954

TYPE OF ACCIDENT	AGES 5-14			AGES 5-9			AGES 10-14		
	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls
Accidents—Total									
Number of deaths	3,203	2,367	836	1,665	1,163	502	1,538	1,204	334
Death rate per 100,000	17.9	26.2	9.5	18.2	25.4	11.0	17.6	27.0	7.8
Percent of deaths	100	100	100	100	100	100	100	100	100
Motor vehicle—Total	40	37	49	46	43	52	33	30	45
Run over or hit by motor vehicle									
Pedestrian	23	22	27	33	33	34	12	11	16
On bicycle	4	5	2	3	3	2	7	8	4
Passenger in motor vehicle	10	8	15	7	5	11	12	9	21
Other and unspecified	3	2	5	3	2	5	2	2	4
Railroad accidents†	2	2	1	1	2	*	2	2	2
Other transport	2	2	2	1	2	1	3	3	3
Drowning‡	26	30	15	25	30	12	28	30	18
Burns and conflagrations	9	6	18	11	7	20	7	5	16
Burns	4	2	8	4	3	9	3	2	8
Conflagrations	5	4	10	7	4	11	4	3	8
Falls	4	4	4	4	4	4	4	5	4
Firearms	6	7	2	2	2	2	10	11	3
Other and unspecified accidents	11	12	9	10	10	9	13	14	9

*Less than 0.5 percent.

†Except those involving collision with motor vehicles.

‡Includes deaths in small boat accidents.

Longevity of Industrial Population at Record High

ACCORDING to the mortality experienced in 1954, the expectation of life at birth for the Industrial policyholders of the Metropolitan Life Insurance Company reached an all-time high of 69.8 years. This represents a gain of almost a full year over the figure for 1953, and is the largest annual increase since 1947. Progress in life conservation has now continued over many decades, as is evident from Table 1. Based on mortality prevailing in 1879-1889, the expectation of life at birth of the Industrial policyholders was only 34 years. Since that time their average lifetime has more than doubled, increasing about one half year of life for each calendar year.

It has long been characteristic for the gains in the expectation of life to be largest at the younger ages and smallest for older persons. Between 1944 and 1954, for example, the rise in expectation of life among Industrial policyholders in the aggregate amounted to 4.2 years at age 5, as compared with 3.5 years at age 25 and 2.6 years at age 45. Although in the past decade only 1.8 years have been added to the average lifetime remaining at age 65, persons at this age at present have a life expectancy of 14.1 years; among white males it is 12.7 years and among white females, 15.0 years.

Each color and sex group in this insurance experience improved its longevity record over the past decade, but not to the same extent. Among both white and colored persons, females scored somewhat greater gains than the males. At age 5, for example, the expectation of

TABLE 1—EXPECTATION OF LIFE AT BIRTH
INDUSTRIAL POLICYHOLDERS,* METROPOLITAN LIFE INSURANCE COMPANY
1879-1889 TO 1954

CALENDAR YEAR	EXPECTATION IN YEARS	CALENDAR YEAR	EXPECTATION IN YEARS	CALENDAR YEAR	EXPECTATION IN YEARS
1954†	69.8	1941	63.4	1928	55.9
1953†	68.9	1940	62.9	1927	56.4
1952†	68.5	1939	62.5	1926	55.0
1951†	68.4	1938	61.9	1925	55.5
1950†	68.3	1937	60.7	1924	55.6
1949	67.7	1936	60.3	1923	54.5
1948	67.2	1935	60.2	1922	55.0
1947	66.5	1934	59.5	1921	55.1
1946†	65.6	1933	59.2	1919-1920	51.1
1945†	64.9	1932	58.8	1911-1912	46.6
1944†	64.4	1931	57.9	1909	46.3
1943†	63.9	1930	57.4	1879-1889	34.0
1942†	64.3	1929	55.8		

Gain, 1954 since 1909, 23.5 years; since 1879-1889, 35.8 years.

*The figures for 1948 to 1954 relate to Weekly and Monthly premium-paying policies; prior to 1948 the figures pertain to Weekly policies only.
†Excludes deaths from enemy action.

TABLE 2—EXPECTATION OF LIFE AND MORTALITY AT SPECIFIED AGES BY COLOR AND SEX. INDUSTRIAL POLICYHOLDERS* METROPOLITAN LIFE INSURANCE COMPANY, 1954

Age, Years	Expectation of Life in Years					Mortality Rate per 1,000				
	Total Persons	White		Colored		Total Persons	White		Colored	
		Males	Females	Males	Females		Males	Females	Males	Females
5	67.0	63.8	69.9	62.1	65.0	0.6	0.7	0.5	0.8	0.7
10	62.2	59.0	65.0	57.3	60.2	.3	.4	.3	.6	.3
15	57.3	54.1	60.1	52.5	55.3	.6	.7	.4	1.1	.6
20	52.5	49.4	55.2	47.9	50.5	1.0	1.3	.5	2.2	1.1
25	47.7	44.7	50.4	43.5	45.8	1.1	1.5	.6	2.5	1.7
30	43.0	40.0	45.5	39.0	41.2	1.3	1.5	.8	2.8	2.2
35	38.3	35.3	40.7	34.6	36.7	1.8	2.3	1.2	3.7	3.0
40	33.7	30.8	36.0	30.2	32.4	2.9	3.8	2.0	5.4	4.7
45	29.3	26.5	31.4	26.1	28.2	4.8	6.6	3.3	7.8	6.7
50	25.1	22.5	27.0	22.2	24.2	7.6	10.9	5.0	11.6	9.7
55	21.1	18.8	22.7	18.6	20.5	11.5	16.9	7.8	17.2	14.0
60	17.4	15.6	18.7	15.4	17.0	17.5	25.2	12.5	25.6	19.7
65	14.1	12.7	15.0	12.5	13.8	27.2	37.1	20.8	37.6	29.0

*Weekly and Monthly premium-paying policies.
NOTE: Excludes deaths from enemy action.

life increased by 4.2 years for white females, compared with a rise of 3.3 years among white males. Females continued to have a marked advantage in longevity over males in 1954; the difference in favor of females decreased with advance in age, so that at age 65 it amounted to 2⅓ years for white persons and only 1⅓ years for the colored.

The figures on longevity for 1954 are based upon the mortality rates shown in the right-hand panel of Table 2. The death rates in a broad range of ages have been brought down to extremely low levels—to less than two per 1,000 at ages 2-33 among white males and at ages 2-40 among white females. The experience for the colored is not as favorable as for the white policyholders, colored women being at a considerable disadvantage compared with the white. Throughout the childbearing period, mortality rates for colored females are at least double those for white females; at ages 25-31 the ratio is almost 3 to 1.

In the past 45 years, the Industrial policyholders have made more rapid progress in reducing mortality and increasing their longevity than has the general population of the United States. In 1909, the earliest year available for comparison, the expectation of life at birth of Metropolitan Industrial policyholders was about six years less than that of the population as a whole; currently, the two groups are on a par. It now appears likely that the average length of life of American wage-earners and their families will pass the Biblical threescore and ten mark within a year or two. Some additional progress can still be made through

further reductions in the mortality from infectious diseases and accidents, but large and continuing gains will depend largely on the success achieved in controlling the cardiovascular-renal diseases and cancer, the dominant items in the current mortality picture.

Impairments Among Young People

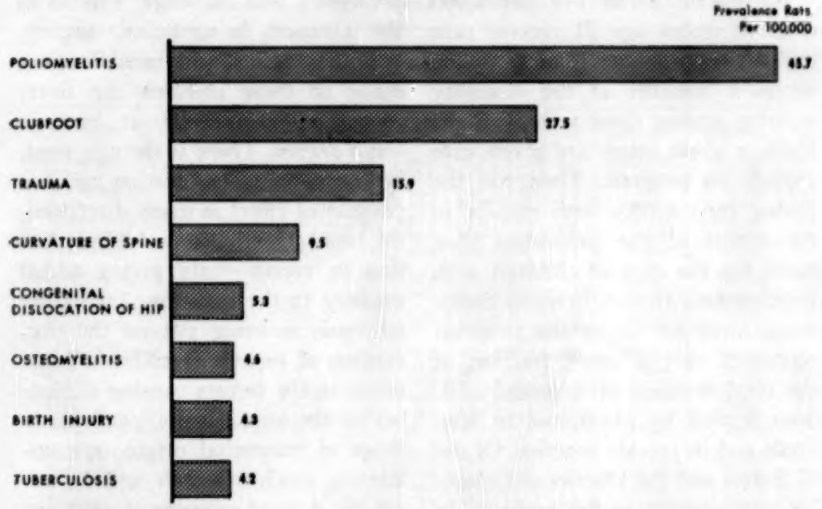
Now that the mortality at the younger ages has been reduced to very low levels, it is possible to focus greater attention on the care and rehabilitation of children and young people who are impaired. There is abundant evidence that the problem is one of major proportions, even though an accurate appraisal of its magnitude cannot be made because of the lack of precise statistics on the various impairments. The problem, moreover, is not limited to physical deformities; it includes also mental and personality disorders.

Orthopedic impairments are among the most common defects at the ages under 21. According to some estimates, the number with such impairments exceeds one million, but this probably includes deformities of a relatively minor character. About half this figure more nearly represents the more seriously crippled cases. Cerebral palsy and epilepsy each affect from 200,000 to 300,000 people under age 21. The number totally blind at these ages is relatively small—less than 20,000—but there are at least four times as many with serious visual handicaps and a greater proportion with impaired vision uncorrected. There is also a high incidence of seriously impaired hearing, estimates varying from about 300,000 to more than 1,000,000, depending upon what degree of hearing loss is considered. The totally deaf, including mutes, come to about 50,000.

Heart disease (chiefly of rheumatic origin) is a leading cause of impairment in young people. Although the incidence of rheumatic fever has been declining, the number affected by heart disease and acute rheumatic fever is variously estimated at 500,000 to 700,000. Diabetes, cancer, and other diseases likewise add considerably to the total of impaired young lives.

Large numbers of children and adolescents have personality defects or mental disorders that are a threat to their future life and happiness. The proportion requiring treatment is unknown, but a recent study in the New Haven metropolitan area indicated that about three per 1,000 in the teen-age group were under psychiatric care. In the country as a whole there are about 10,000 under age 21 in hospitals for mental disorders, exclusive of those for mental defectives and epileptics. Many more could be helped by early and adequate care. Impairment of intelligence sufficient to interfere with ability to learn is present in more than 1,500,000 people under age 21. Of this total, about one quarter have a very low order of

Selected Causes of Orthopedic Impairment Among Children Under Age 21 Cared for Under the Crippled Children's Program United States, 1952.



Note: Rates are based upon figures for the States which include the particular diagnosis in their program.

Source of basic data: U. S. Department of Health, Education, and Welfare, Children's Bureau.

intelligence. Approximately 40,000 at these ages are in institutions for mental defectives and epileptics.

Comprehensive data on the causes of crippling are lacking, but an insight into their relative importance is available from statistics on persons under age 21 who received care for orthopedic impairments under the Crippled Children's Program. This program is operated by State crippled children's agencies with Federal support through the Children's Bureau. As indicated in the accompanying chart, which deals with causes of the more serious orthopedic impairments, the largest single category under care during 1952 consisted of those suffering residual effects from poliomyelitis. These cases were in addition to the large number who received care during the acute stage of the disease or where crippling may not have been involved. Clubfoot ranked second among the major causes of orthopedic impairments, followed by crippling due to accidents. Deformities resulting from osteomyelitis and tuberculosis comprise a small proportion of the total. Their frequency is declining as a result of the improvement in treatment of bone infections and the declining incidence of tuberculosis in children. Among children with nonorthopedic impairments cared for under this program, the number with congenital malformations, chiefly cleft palate and congenital heart disease, was about

the same as the number with clubfoot.

Altogether, about five per 1,000 children under age 21 receive care under this program. This is by no means a measure of the disability existing among these young people. First, a great many are given care outside the program. Then, too, the States vary widely with respect to the extent of the provisions they make for the care of children with impairments. In fact, in many States those cared for under the program represent only a small fraction of the total number of impaired children served by physicians in hospitals and in private practice. Of the 47 States and the District of Columbia participating in the program in 1952, the proportion of the population under age 21 served under the program varied from less than one per 1,000 in two States to more than 10 per 1,000 in six States. Even for orthopedic defects, which are included in all State programs, the rates varied from less than one per 1,000 in four States to more than five per 1,000 in eight States, compared with a national average of two per 1,000.

The large number of young people in our country affected by various physical and mental impairments presents a real challenge. Thanks to the advances in medicine, surgery, and the methods of rehabilitation, many of these children can overcome their handicaps, at least in some degree. There is definite need, however, for intensification and expansion of effort in many directions, the rapid growth of the child population in recent years giving added urgency to the situation. Increasing emphasis is being put on the prevention of various disabilities. Inasmuch as the factors causing a number of the impairments, particularly those of congenital origin, are unknown, much research will be required. A good example of what can be accomplished by research is the recent discovery that retrolental fibroplasia, an important cause of blindness in children, is due to the administration of high concentrations of oxygen to premature infants. Accordingly, procedures relating to oxygen therapy, which often saves the lives of such infants, have been modified, and the incidence of blindness in children may be expected to decline radically within the next few years.

Hospitalized Births Increasing

THE number of babies born in hospitals has been steadily increasing. In 1952, the latest official data available, about 3,530,000, or 91.7 percent, of the registered live births in the United States were delivered in hospitals; there is definite evidence that the number has risen appreciably since then. In the white population, the proportion of hospitalized births increased from 59.9 to 95.7 percent between 1940 and 1952, and among nonwhites from 26.7 to 66.4 percent.

LIVE BIRTHS DELIVERED IN HOSPITALS
WHITE POPULATION. BY STATE, 1940-1952

AREA	PERCENT HOSPITALIZED					NUMBER HOSPITALIZED		
	1940	1945	1950	1952	Ratio 1952/1940	1940	1952	Ratio 1952/1940
United States	59.9	84.3	92.8	95.7	1.6	1,238,677	3,181,098	2.6
New England	79.5	94.8	98.0	98.8	1.2	103,496	204,326	2.0
Maine	50.0	83.8	92.2	94.8	1.9	7,541	20,286	2.7
New Hampshire	74.5	95.1	98.7	98.9	1.3	6,331	11,866	1.9
Vermont	55.0	85.2	93.8	96.4	1.8	3,680	8,854	2.4
Massachusetts	85.2	96.5	98.9	99.5	1.2	55,440	102,354	1.8
Rhode Island	77.2	94.6	98.9	99.4	1.3	8,147	16,542	2.0
Connecticut	91.0	98.5	99.5	99.7	1.1	22,357	44,424	2.0
Middle Atlantic	76.7	92.2	96.9	98.2	1.3	304,329	605,104	2.0
New York	87.0	96.3	98.5	99.0	1.1	162,365	293,174	1.8
New Jersey	84.5	95.0	98.1	98.9	1.2	45,658	98,700	2.2
Pennsylvania	61.6	85.3	94.2	96.8	1.6	96,306	213,230	2.2
East North Central	64.8	90.3	96.5	98.0	1.5	281,222	705,162	2.5
Ohio	62.7	88.3	95.7	97.5	1.6	68,183	185,406	2.7
Indiana	52.6	85.2	94.4	96.9	1.8	31,424	95,448	3.0
Illinois	74.1	92.9	97.0	98.2	1.3	86,266	178,568	2.1
Michigan	63.9	92.0	97.4	98.6	1.5	60,718	159,526	2.6
Wisconsin	63.9	91.3	97.6	99.0	1.5	34,631	86,214	2.5
West North Central	56.6	85.9	94.5	96.8	1.7	129,605	326,954	2.5
Minnesota	67.7	93.0	98.1	98.9	1.5	35,480	77,482	2.2
Iowa	58.8	88.8	96.4	97.8	1.7	26,598	62,122	2.3
Missouri	47.1	74.3	86.6	92.1	2.0	27,296	74,584	2.7
North Dakota	60.6	88.5	95.7	98.1	1.6	7,841	16,526	2.1
South Dakota	55.2	87.8	97.3	98.0	1.8	6,027	17,192	2.9
Nebraska	53.2	87.8	96.9	98.1	1.8	11,612	32,264	2.8
Kansas	53.4	88.5	96.5	98.1	1.8	14,751	46,784	3.2
South Atlantic	40.4	73..	86.9	93.2	2.3	104,309	377,046	3.6
Delaware	75.1	92.3	96.1	97.4	1.3	2,891	7,068	2.4
Maryland	63.1	83.8	93.3	96.0	1.5	14,942	47,654	3.2
District of Columbia	96.9	99.0	99.4	99.6	1.0	10,348	10,790	1.0
Virginia	36.2	71.8	84.7	91.7	2.5	14,362	60,902	4.2
West Virginia	20.2	47.6	67.7	83.2	4.1	8,061	38,460	4.8
North Carolina	31.6	69.9	87.4	93.7	3.0	17,274	69,342	4.0
South Carolina	32.4	72.1	87.3	92.8	2.9	7,262	32,394	4.5
Georgia	38.6	72.9	90.8	95.1	2.5	15,191	58,596	3.9
Florida	58.6	85.6	93.8	96.3	1.6	13,978	51,840	3.7
East South Central	24.6	54.3	75.5	86.4	3.5	41,810	184,848	4.4
Kentucky	18.7	44.3	65.8	80.4	4.3	11,308	55,142	4.9
Tennessee	28.9	57.3	80.0	89.2	3.1	13,682	58,804	4.3
Alabama	27.3	58.5	79.0	88.3	3.2	10,612	45,244	4.3
Mississippi	26.8	64.0	82.8	91.0	3.4	6,208	25,658	4.1
West South Central	42.1	72.7	85.2	89.2	2.1	88,324	286,160	3.2
Arkansas	21.5	58.9	80.2	88.1	4.1	6,253	27,582	4.4
Louisiana	52.6	80.8	93.9	97.0	1.8	15,592	47,136	3.0
Oklahoma	40.5	78.7	89.2	93.7	2.3	16,191	41,496	2.6
Texas	45.3	72.7	82.9	86.5	1.9	50,188	169,946	3.4
Mountain	60.6	85.5	92.7	95.0	1.6	53,300	139,476	2.6
Montana	81.3	96.0	98.0	98.7	1.2	8,801	15,372	1.7
Idaho	62.8	94.8	98.3	98.5	1.6	7,295	16,296	2.2
Wyoming	69.1	91.7	96.9	98.9	1.4	3,409	7,778	2.3
Colorado	61.0	85.0	94.1	96.0	1.6	12,725	34,728	2.7
New Mexico	27.7	58.0	74.1	81.7	2.9	3,964	18,056	4.6
Arizona	63.7	84.8	92.6	95.2	1.5	6,456	20,006	3.1
Utah	67.9	94.1	98.4	99.0	1.5	9,101	23,122	2.5
Nevada	83.2	97.2	98.8	99.4	1.2	1,549	4,118	2.7
Pacific	87.0	96.9	98.4	98.9	1.1	132,282	352,022	2.7
Washington	87.1	97.6	99.0	99.4	1.1	23,859	58,808	2.5
Oregon	85.5	98.1	98.3	98.7	1.2	15,007	38,566	2.6
California	87.2	96.6	98.3	98.9	1.1	93,416	254,648	2.7

Source of basic data: Various reports of National Office of Vital Statistics.
Note: Data relate to place of residence.

Hospitalized confinements have gained in popularity throughout the country; the details of the trend for white persons are given in the table on page 9. In 1952 every State had at least 80 percent of its babies delivered in hospitals, whereas in 1940 only nine States and the District of Columbia were in this category. The largest increases occurred in the areas which in the past had the lowest proportion of hospital deliveries. Thus, in the white population of Kentucky the proportion rose from 18.7 to 80.4 percent between 1940 and 1952; in West Virginia the corresponding rise was from 20.2 to 83.2 percent, and in Arkansas from 21.5 to 88.1 percent.

Particularly rapid has been the increase in the actual number of hospitalized births, reflecting the rise in the level of the birth rate. The right-hand panel of the table shows that in the country as a whole the number of white babies delivered in hospitals was more than two and a half times as high in 1952 as in 1940. In 10 States—9 of them in the South—the recent figure was at least four times that only 12 years earlier.

Various factors have played a part in encouraging more and more women to utilize hospital facilities for maternity. Such facilities have grown in number, improved in quality, and have become accessible to an increasing proportion of the population. With the improvement in economic conditions since 1940, a widening segment of the population has been able to afford the use of hospital service. This trend has been accelerated by the rapid development of hospital and medical insurance plans.

Geographic differences in the proportion of hospitalized births have narrowed a great deal, but there is still appreciable variation from one State to another, particularly for the nonwhite population. In the majority of northern and western States, more than [illegible] percent of the nonwhite births during 1952 were in hospitals, but in the South the proportion was considerably lower; in three States—Mississippi, Arkansas, and South Carolina—it was less than a third. Moreover, among nonwhite women in the United States during 1952, about 113,000 births, or somewhat more than one fifth of the total, were unattended by a physician; among white women, the proportion was about 1 percent.

The increase in hospital deliveries has been a potent influence in reducing maternal and infant mortality. Opportunities still exist for further progress, particularly in conserving the lives and health of immature babies. Many hospitals have already made provisions for the specialized medical and nursing care that these infants require, and more are planning to do so. These services will undoubtedly help to reduce the heavy loss of life that still occurs among such babies.

DEATH RATES* PER 100,000 POLICYHOLDERS FROM SELECTED CAUSES INDUSTRIAL PREMIUM-PAYING BUSINESS, WEEKLY AND MONTHLY COMBINED METROPOLITAN LIFE INSURANCE COMPANY JULY 1955

CAUSE OF DEATH	ANNUAL RATE* PER 100,000 POLICYHOLDERS†				
	JULY		YEAR TO DATE		
	1955	1954	1955	1954	1953
All Causes—Total	601.9	596.7	637.7	648.4	671.4
—Excluding war deaths	601.9	596.1	637.7	643.9	669.3
Tuberculosis (all forms)	9.8	8.9	8.4	9.6	11.1
Tuberculosis of respiratory system	8.9	8.2	7.6	8.7	9.9
Syphilis	1.6	2.4	2.2	2.6	2.8
Communicable diseases of childhood	.4	.5	.3	.4	.4
Acute poliomyelitis	.3	.5	.2	.2	.5
Malignant neoplasms	130.7	125.7	129.4	129.2	125.9
Digestive system	46.0	47.2	45.1	47.4	44.7
Respiratory system	16.5	15.8	16.7	16.4	15.5
Diabetes mellitus	14.3	13.9	15.4	15.1	16.3
Diseases of the cardiovascular-renal system	308.7	302.2	339.5	340.4	359.0
Vascular lesions, central nervous system	62.2	61.5	66.2	65.8	70.0
Diseases of heart	226.3	216.0	247.9	247.2	260.5
Chronic rheumatic heart disease	10.0	11.3	12.6	12.9	13.6
Arteriosclerotic and degenerative heart disease	175.4	161.5	191.0	185.4	194.1
Diseases of coronary arteries	102.3	100.0	110.5	109.6	112.7
Hypertension with heart disease	33.8	34.5	35.9	39.5	42.7
Other diseases of heart	7.1	8.7	8.4	9.4	10.1
Hypertension without mention of heart	4.2	4.9	4.9	5.9	6.2
General arteriosclerosis	4.4	5.7	5.9	6.2	6.4
Other diseases of circulatory system	4.7	5.3	5.7	5.4	4.7
Nephritis and nephrosis	6.9	8.8	8.9	9.9	11.2
Pneumonia	11.7	10.5	15.0	14.2	18.3
Influenza	.3	.3	1.2	1.4	4.2
Ulcers of stomach and duodenum	3.9	4.2	4.8	4.9	5.0
Appendicitis	1.0	1.5	1.2	1.3	1.4
Hernia and intestinal obstruction	2.7	4.5	3.8	4.1	3.9
Gastritis, duodenitis, enteritis, etc	1.9	2.7	2.4	2.5	2.4
Cirrhosis of liver	9.1	9.9	10.1	10.0	10.5
Diseases of the gallbladder and biliary ducts	3.4	3.6	3.3	3.4	3.7
Complications of pregnancy, childbirth	1.1	1.3	.9	1.0	1.3
Congenital malformations	2.7	2.7	2.9	2.9	3.1
Suicide	5.4	5.6	6.3	5.7	6.0
Homicide	2.4	2.7	2.2	2.3	2.9
Accidents—Total	42.0	42.4	34.8	36.5	36.8
Motor vehicle	17.5	15.2	14.3	14.3	15.1
Home	4.5	6.3	6.1	7.2	7.5
Occupational (civilian)	3.0	3.2	2.3	2.5	3.4
War deaths—enemy action‡	—	.6	¶	4.5	2.1
All other causes	48.4	50.2	53.3	56.1	53.5

*The rates for 1955 are provisional.

†Persons insured under Weekly and Monthly Industrial premium-paying policies for the years 1953-1954; 1955 includes in addition persons with Ordinary Monthly Premium policies for less than $1,000.

‡The recorded mortality from war deaths in 1954 resulted from the payment of claims on policyholder originally reported as missing who were subsequently declared officially dead.

¶Less than 0.05 per 100,000.

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MORTALITY FROM ALL CAUSES

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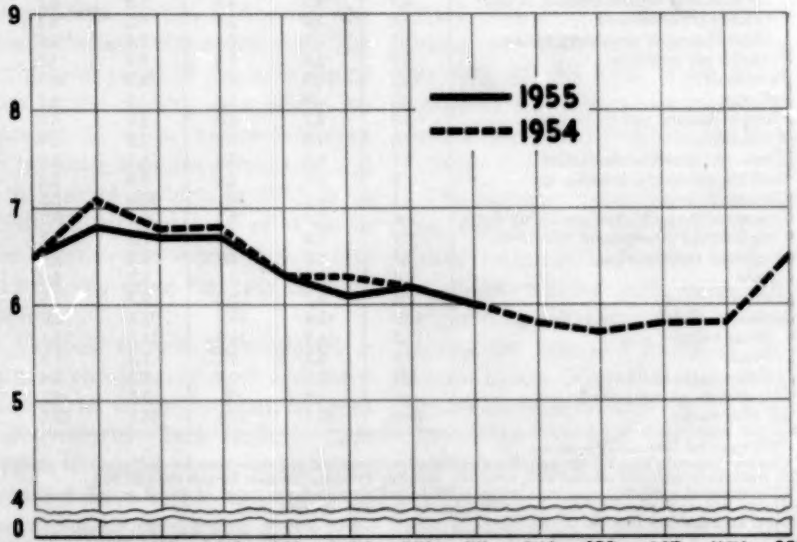
ANNUAL RATE * PER 1,000 POLICYHOLDERS †



(DEC)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1954‡	7.1	6.8	6.8	6.3	6.3	6.2	6.0	5.8	5.7	5.8	5.8	6.5
1955	6.8	6.7	6.7	6.3	6.1	6.2	6.0					

*†‡ See page 11 for footnotes.

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